U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil benalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLMS O		
1. File Number U - 25 058	2. Fiscal Year Covered From:	
	1/1/2004 through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name DANKY MAY (Noft	Name LABORCI- INTERNATIONAL YNION OF NORTH RYMINER # 159 Labor Organization File Number	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 109 Hombar Court	Street 2293 & LOGAL STREET	
city Hymboldt	city DEC DTY ?	
State IL ZIP Code + 4 6 / 9 3 /	State_IC ZIP Code + 4 62526	
5. Position in labor organization. FIZId REPTE	SENTINE LOCAL 159	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
S	ignature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

L	Name of Person Filing / Runy 1.7 104 crost	File Number U-	
	B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
	8. Name and address of Business (including trade name, if any).	9. Business deals with	
	Name Souther, ILLINOIS LABORENS		
1	Trade Name, if any:	a. Labor Organization	
	112011	b. Trust	
	P.O. Box, Bldg., Room No., if any Street Po Box 12 40	c. Employer	
	City 805 WEST DE 40-43, SuitED		
	MAR 102 ZIP Coda + 4 6 2 9 5 9		
	10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.	
	Name	AND EDUCATION TRUST (LECET	
	Trade Name, if any:	SECUNUS project mad sobs	
	P.O. Box, Bldg., Room No., if any	INCRESS MARKET SHARE FOR	
	Street	11.b. Approximate dollar value of such dealing.	
ĺ	City	12.a. Nature of interest held or income received.	
	State ZIP Code + 4	RECEILED Knife + FLASK AT	
-		HUNT WHICH SILECET	
		Paid For	
l			
		12.b. Amount. 42.81	
	C. Received from any employer (other than an employer covered und	er parts A and B above)	
-	or from any labor relations consultant to an employer any payment of money or other thing of value.		
	13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
	Name		
	Trade Name, if any:		
	P.O. Box, Bldg., Room No., if any		
	Street		
	City		
	State ZIP Code + 4		

14.b. Amount of payment

?

or Consultant

13.b. Is the Business an Employer



U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Danny Maycroft, 001-576, Labor Organization File No.

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely, Den May

U.S. Department of Labor Employee Standards Adrainistration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Josh B. Mc Elravy, 001-576, Labor Organization File No.

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It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

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Sincerely, On Magh